

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|--------------------|--------------------|--------------------|
| FEE DETERMINATION | <i>[Signature]</i> | <i>[Signature]</i> | 10/1/99 |
| O.I.P.E. CLASSIFIER | | 47 | 10/6/99 |
| FORMALITY REVIEW | DMK | 69169 | 10-13-99 / 3122/00 |

INDEX OF CLAIMS

| | | | |
|---|----------------------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| ✓ | Allowed | I | Interference |
| ✓ | (Through numeral) Canceled | A | Appeal |
| ✓ | Restricted | O | Objected |

| Claim | | Date |
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| Claim | | Date |
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| Final | Original | |
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| Claim | | Date |
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| Final | Original | |
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If more than 150 claims or 10 actions, staple additional sheet here

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